


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 20 PM 1:51

DOCUMENT # P97000105791

1. Corporation Name
COMPUWORK, INC.

Principal Place of Business	Mailing Address
10233 ALLAMANDA CIRCLE PALM BEACH GARDENS FL 33410	10233 ALLAMANDA CIRCLE PALM BEACH GARDENS FL 33410

If above addresses are incorrect in any way, line through incorrect information and enter correction below.


REINSTATEMENT 01

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	12/17/1997
5. FEI Number	65-0806219
<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
	WEISS, JOSEPH	10233 ALLAMANDA CIRCL	PALM BEACH GARDENS FL 33410

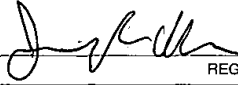
8. Name and Address of Current Registered Agent

WEISS, JOSEPH
10233 ALLAMANDA CIRCLE
PALM BCH GARDENS FL 33410

9. Name and Address of New Registered Agent


Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  Date 11-16-2001

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:  Joseph Weiss 11-16-2001 561-775-0766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)